

**AWANA REGISTRATION FORM
METROPOLITAN BAPTIST CHURCH**

1. Child's Last Name _____ Child's First Name _____ Date of Birth _____
 Club Name _____ Returning Clubber Y or N Age _____ Grade _____
 Allergies & Special Problems: _____

2. Child's Last Name _____ Child's First Name _____ Date of Birth _____
 Club Name _____ Returning Clubber Y or N Age _____ Grade _____
 Allergies & Special Problems: _____

3. Child's Last Name _____ Child's First Name _____ Date of Birth _____
 Club Name _____ Returning Clubber & or N Age _____ Grade _____
 Allergies & Special Problems: _____

Home Phone _____ Mom's cell _____ Mom's Pager _____
 Dad's Cell _____ Dad's Pager _____ Marital Status: _____
 Home Address _____ City _____ Zip _____
 Mother's Name _____ Occupation _____ Phone _____
 Father's Name _____ Occupation _____ Phone _____

Who will regularly bring your child to club? _____ Where can the parent be found? _____
 Church you attend? _____ Are you a member? Y or N

Persons, other than parents, who have your permission to pick up your child

Name & Phone: _____ Name & Phone: _____
 Name & Phone: _____ Name & Phone: _____

Persons to be contacted, other than parents, in the event that the parents cannot be reached in case of illness, accidents, etc.

Name & Phone: _____
 Name & Phone: _____ Doctor & Phone: _____

In case of emergency, if I cannot be reached, I hereby authorize the physician selected by the Awana Commander to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above during his stay at Metropolitan Baptist Church Awana Clubs.

Parents Signature: _____ **Date:** _____